7/18/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

Authous T. Plaintiff	FERRANTINO
Plaintiff	

07CV7091 JUDGE CASTILLO MAGISTRATE JUDGE BROWN

require. question I, \(\) (other_procee both 1 relief s	rer is included, please place an X into whichever box applies. Whose more information than the space that is provided, attach one or more information than the additional information. Please PRINT: THOM IN FERRALTIMO, declare that I am the in the above-entitled case. This affidavited without full prepayment of fees, or IX in support of my motified also declare that I am unable to pay the costs of these proceed tought in the complaint/petition/motion/appeal. In support of the property of the proceeding the procedure of the proceeding the procedure of	re pages that refer to each such e Mplaintiff [petitioner [mo constitutes my application [] on for appointment of counse lings, and that I am entitled to his	ovant to el, or 🏋
1.	Are you currently incarcerated?	o (If "No," go to Question No Monthly amount:	
2	Are you currently employed? Monthly salary or wages: Name and address of employer: a. If the answer is "No":	D	<u></u>
	Date of last employment: \\\-\2\2\-\0\7\\ Monthly salary or wages: \(\bullet \omega_\circ \cappa_\circ \omega_\tau	OTECTION SERVICES.	
	Monthly salary or wages: on-(ALL PARES Name and address of last employer: Tenty PR 3863 PROFIL WAY SACRAMENTS CALLED b. Are you married? Spouse's monthly salary or wages: Name and address of employer:		
3.	Apart from your income stated above in response to Questic you or anyone else living at the same address received more following sources? Mark an X in either "Yes" or "No", an each category.	than \$200 from any of the d then check all boxes that a	
	a. Salary or wages Amount Received by	□Yes X No	
	b. ☐ Business, ☐ profession or ☐ other self-employme Amount Received by	ent □Yes	□X √√0
	Page 1 of 3	ΠVes	ใช ้No

Amount Received by				
d. □ Pensions, □ social security, □ annuities, □ life insurance compensation, □ unemployment, □ welfare, □ alimony or maintenance.	nance or □ child: □Yes			
Amount Received by				
e. □ Gifts or □ inheritances Amount Received by	□Yes	Μ̈́Nο		
f. Any other sources (state source: Amount Received by	_) □Yes	DXNo		
Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? Yes □No Total amount: ¥355 00 (13-9) In whose name held: Relationship to you:				
Do you or anyone else living at the same address own any stocks, befinancial instruments?	bonds, securities o □Yes	or other Marino		
Property: Current Value: Relationship to yo	ou:			
Do you or anyone else living at the same address own any real esta condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property:	∐Yes	MNo		
property: Type of property: In whose name held: Amount of monthly mortgage or loan payments: Name of person making payments:				
Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000?				
Property: 3001 CHEUN CARGO NAN Current value: UNDETERMINED In whose name held: Authory FERRATIO Relationship to y	you:			
List the persons who are dependent on you for support, state your and indicate how much you contribute monthly to their support. It	relationship to eac	h person		

I declare under penalty of perjury that the above information is true and correct. I understand that
pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court
determines that my allegation of poverty is untrue.

12-9-07

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE (Incarcerated applicants only) (To be completed by the institution of incarceration)

I certify that the applicant named herein,	, I.D.#, has the sum
of \$ on account to his/her cr	edit at (name of
institution)	_ I further certify that the applicant has the following
securities to his/her credit:	. I further certify that during the past six months the
applicant's average monthly deposit was \$_	(Add all deposits from all sources and
then divide by number of months).	
DATE	SIGNATURE OF AUTHORIZED OFFICER
	(Print name)